

FIVE STAR GOLD HOSPITAL COVER



Five Star Gold is our most comprehensive hospital cover, giving you Australia-wide access to our agreement private hospitals and day facilities, with the flexibility to choose an excess option. It's our top-level protection, designed to give you confidence wherever you need care.

INCLUDED SERVICES

SERVICE	SERVICES COVERED
Rehabilitation	✓
Hospital psychiatric services	✓
Palliative care	✓
Brain and nervous system	✓
Eye (not cataracts)	✓
Ear, nose and throat	✓
Tonsils, adenoids and grommets	✓
Bone, joint and muscle	✓
Joint reconstructions	✓
Kidney and bladder	✓
Male reproductive system	✓
Digestive system	✓
Hernia and appendix	✓
Gastrointestinal endoscopy	✓
Gynaecology	✓
Miscarriage and termination of pregnancy	✓
Chemotherapy, radiotherapy and immunotherapy for cancer	✓
Pain management	✓
Skin	✓
Breast surgery (medically necessary)	✓
Diabetes management (excluding insulin pumps)	✓
Heart and vascular system	✓
Lung and chest	✓
Blood	✓
Back, neck and spine	✓
Plastic and reconstructive surgery (medically necessary)	✓
Dental surgery	✓
Podiatric surgery* (provided by an accredited podiatric surgeon – limited benefits)	✓
Implantation of hearing devices	✓
Cataracts	✓
Joint replacements	✓

INCLUDED SERVICES

SERVICE	SERVICES COVERED
Dialysis for chronic kidney failure	✓
Pregnancy and birth	✓
Assisted reproductive services	✓
Weight loss surgery	✓
Insulin pumps	✓
Pain management with device	✓
Sleep studies	✓

* **Limits Apply** - Contact the Fund for information.

✓ **No Restrictions or exclusions:** This level of cover has no restrictions on services covered. You will be fully covered in a shared or private room in a private hospital or private day facility. For private room accommodation in a public hospital the Fund will pay an additional benefit of \$80 above the shared ward accommodation rate.

EXCESS OPTIONS

An excess is the amount you agree to pay upfront if you go into a public hospital, private hospital or private day facility. It is that simple!

The higher your excess amount, the less you pay in your regular premiums. Just decide the excess amount that suits your individual circumstances and you are on your way to lower premiums.

Your excess is only payable should you be admitted to a private hospital, private day facility, or a public hospital as a private patient. For singles, couples and family type covers, the per person excess is only payable once per calendar year, 1 January to 31 December, to the maximums shown in the table below, irrespective of the length of stay or the number of admissions that year.

The excess is waived for all persons under 21 years of age.

COVER	PRODUCT CODE	EXCESS AMOUNT	SINGLE	COUPLE/ FAMILY
FIVE STAR GOLD				
Five Star Gold \$500 Excess	F3	\$500	\$500 Maximum yearly excess	\$1,000 Maximum yearly excess
Five Star Gold \$750 Excess	F4	\$750	\$750 Maximum yearly excess	\$1,500 Maximum yearly excess

Please Note: The excess is payable for all overnight admissions in all public and private hospitals. The excess is also payable for same day patients in all public and private hospitals and private day facilities with the exception of Mildura Health Private Hospital where members do not pay an excess for day surgery.

WAITING PERIODS

HOSPITAL	WAITING PERIODS
Pre-existing conditions*	12 months
Pregnancy and Birth related services	12 months
All other hospital treatment including Rehabilitation, Psychiatric Services and Palliative Care	2 months
Accidental Injury **	Immediate
Newborns **	Immediate

PRE-EXISTING CONDITIONS*

A pre-existing condition is where the signs or symptoms of your ailment, condition or illness, in the opinion of MHF's appointed independent medical adviser (not your own doctor), existed at any time in the 6 months preceding the day you joined hospital cover or the date you upgraded to a higher level of cover. It is not necessary that you, or your doctor knew what the condition was or that the condition had been diagnosed.

Decisions on whether or not an illness is pre-existing can only be made by MHF's appointed independent medical adviser. In forming an opinion, the Fund's practitioner must take into account information provided by your own doctor.

The pre-existing condition rule still applies even if your ailment, illness or condition was not diagnosed prior to joining or upgrading your hospital cover.

ACCIDENTAL INJURY**

An accident is an unplanned and unforeseen event, occurring by chance, and leading to bodily injuries caused solely and directly by an external force or object requiring treatment from a Medical Practitioner. You are covered for accidental injury treatment immediately after you join, providing that there is no right to claim compensation or damages from another source.

Not classed as an accident are injuries arising out of: surgical procedures; unforeseen illness; pregnancy; drug use; and aggravation of an underlying condition or injury.

NEWBORN***

We understand that it is a busy and exciting time when a baby is born. It is important that you contact us as soon as possible after your baby's birth to ensure that they are added to your membership.

If you currently hold a single policy with us, you will have 2 months to upgrade to a single parent, or a family type policy, after baby arrives. The applicable premium will be payable from baby's date of birth and they will inherit your waiting period status.

If you already hold a family type policy, you simply need to let us know baby's details, within 2 months of their birth and they will inherit your waiting period status.

IMPORTANT HOSPITAL COVER INFORMATION

Let's look at some important information on your hospital cover - if you have further questions please speak to a friendly member of our team, we're here to help.

Benefits are payable for treatment received in a recognised hospital or facility in Australia only.

Benefits will not be payable unless all applicable waiting periods have been completed. See our Members Information Brochure for details.

Restricted benefits will be payable at the Minimum Benefit Payable (MBP), this is the minimum benefit the Private Health Insurance Act requires health funds to pay for treatment under a hospital cover. If you hold the Basic Plus cover and are admitted to a private hospital or day facility, benefits will be payable at the MBP which may leave you with large out of pocket expenses to pay.

Treatment where no Medicare benefit is payable will not be covered by your hospital cover. However, limited benefits are payable towards the cost of hospital inpatient treatment for Podiatric surgery provided by an accredited podiatric surgeon depending on level of hospital cover. Cosmetic surgery is specifically excluded where there is no Medicare benefit payable

Benefits are payable for 365 days of the year provided your doctor certifies your need for ongoing acute care. If after 35 days, your doctor doesn't provide certification you will be classified as a long term 'nursing home type' patient. We will cover you for the minimum benefit amount as determined by the Department of Health (DoH) leaving you with a daily co-payment to pay. Depending on your length of stay your co-payment amount may be significant.

Gap Medical benefits are payable on all inpatient services where a Medicare benefit is payable. If you, or your family, are being admitted to hospital always contact us first to confirm your cover.

Our 'Going to Hospital' brochure can be downloaded from our website or forwarded to you on request.

WHAT ARE MY OPTIONS IF I AM ADMITTED TO A PUBLIC HOSPITAL?

When you are admitted to a public hospital, you can choose whether to be treated as a public patient or as a private patient. If you choose to be a public patient, you will be treated by a doctor appointed by the hospital and not be charged for your care.

You can choose to be treated as a private patient in a public hospital to have your choice of treating doctor, or to have a private room. However, this may not necessarily guarantee the doctor of your choosing or that a private room will be available, nor does it guarantee a higher level of care.

There is no difference in the level of care you receive at a public hospital if you elect to be a private patient, you may however be charged some out-of-pocket costs.

WHAT ELSE IS COVERED

GAP MEDICAL BENEFITS

When you are admitted to hospital you will be charged separately for medical fees by your doctor, medical specialist, surgeon, anaesthetist, radiologist or pathologist.

These fees will be in addition to your accommodation and theatre fees, and are always negotiable between you and your health care provider. You will receive 100% of the Medicare Benefit Schedule (MBS) fee, the Medicare benefit plus the Fund Benefit, for inpatient services. If your specialist chooses to charge above the MBS fee, we will pay a further benefit towards this amount, known as the gap, which may result in a gap payment or no out of pocket cost to you. If your doctor has an agreement in place with us, they will bill us direct. Otherwise you can submit your unpaid account to us for claiming.

Please contact the Fund prior to any planned hospitalisation with the MBS item numbers, and fees the doctor will be charging, so that we can ensure that you will be covered and advise you of any out of pocket amounts you may need to pay.

NO GAP MEDICAL BENEFITS AT MHPH

Mildura Health Fund has no gap medical agreements with a number of medical specialists, doctors and surgeons who operate at Mildura Health Private Hospital (MHPH).

Your doctor will bill us direct and you will have no out of pocket costs if treated at MHPH by a no gap provider.

The current list of no gap medical providers can be found on our website mildurahealthfund.com.au

PROSTHESES

A prosthesis is a surgically implanted medical device or artificial body part, such as a hip, knee joints or a cardiac pacemaker.

If you are having a procedure that involves implantation of a prosthesis, we will pay a benefit up to the minimum benefit as defined on the Government approved prosthesis list. You will be responsible for the gap where the prosthesis charge is above the defined minimum benefit.

OTHER COSTS YOU MAY INCUR

Depending on the procedure you are having whilst an inpatient in hospital, your doctor may need to use high cost items that are not normally covered.

When this occurs, long term Mildura Health Fund members may qualify for an ex-gratia benefit to be paid to the hospital, on their behalf, towards the cost.

This can include items such as high cost disposables associated with certain procedures, and high cost drugs.

HOSPITAL COVER, WHAT IS NOT COVERED?

There are hospital costs we do not cover, these include:

- Treatment received whilst serving a waiting period
- Treatment that relates to a pre-existing condition whilst serving a waiting period
- Treatment provided at the emergency department of a public or a private hospital
- Pharmaceuticals and other supplies not directly associated or essential to your admission
- Take home items such as crutches and pharmacy items
- Boarder accommodation for a partner or dependent
- Personal expenses such as TV hire, phone calls, newspapers and parking

AMBULANCE TRAVEL

Hospital cover does not include the cost of ambulance transport.

Members must hold an ambulance subscription or appropriate cover to be protected against ambulance costs.

NSW and ACT residents are covered by their state levy for ambulance services. Members in other states should ensure they have ambulance subscription cover, which may be claimable under eligible Extras cover.

For full details about ambulance cover and subscriptions, please refer to the Member Information Brochure.

MEDICAL COST FINDER

The Department of Health's Medical Cost Finder online tool can be used to help you understand the cost of common medical procedures provided by medical specialists in Australia.

The Medical Cost Finder can be found at <https://www.health.gov.au/resources/apps-and-tools/>

We recommend that you contact us prior to any planned hospitalisation with the MBS ITEM numbers, and fees the doctor will be charging, to discuss the level of benefit your policy provides to you.

IMPORTANT:

All the information in this brochure is up to date as of 1 April 2026 and supersedes all previously published material. Things can change, sometimes quickly so keep in mind that benefits, rules, and details may be updated at any time.

Membership with Mildura Health Fund (and the benefits that come with it) are guided by the Private Health Insurance Act and our official Fund Rules.

Before you make any decisions about your cover, give this fact sheet a good read and hang onto it for later.

We recommend that you contact us prior to any planned hospitalisation with the MBS ITEM numbers, and fees the doctor will be charging, to discuss the level of benefit your policy provides to you.

Need more details?

This document is an overview, but if you want extra information on any service or benefit, call us on (03) 5023 0269 or pop into one of our branches. We're always here to help.

Version: 1 April 2026



(03) 5023 0269 | mildurahealthfund.com.au | mhf@mildurahealthfund.com.au